

Application or Docket Number:

10/060232

**CLAIMS AS FILED - PART I**

| (Column 1)   |              | (Column 2)   | SMALL ENTITY |     | OR | OTHER THAN SMALL ENTITY |     |
|--|--------------|--------------|--------------|-----|----|-------------------------|-----|
| FOR  | NUMBER FILED | NUMBER EXTRA | RATE         | FEE |    | RATE                    | FEE |
| BASIC FEE (37 CFR 1.10(a))   |              |              |              |     |    |                         |     |
| TOTAL CLAIMS (37 CFR 1.10(c))  |              |              |              |     |    |                         |     |
| INDEPENDENT CLAIMS (37 CFR 1.10(b))                                    |              |              |              |     |    |                         |     |
| MULTIPLE DEPENDENT CLAIMS (37 CFR 1.10(d))                             |              |              |              |     |    |                         |     |
| If the difference in column 1 is less than zero, enter "0" in column 2 |              |              |              |     |    |                         |     |
|  |              |              | TOTAL        |     |    | TOTAL                   |     |

**CLAIMS AS AMENDED - PART II**

| INDEMENT             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRE-SELECT EXTRA | SMALL ENTITY |                | OR   | OTHER THAN SMALL ENTITY |  |
|----------------------|----------------------------------|------------------------------------|------------------|--------------|----------------|------|-------------------------|--|
|                      |                                  |                                    |                  | RATE         | ADDITIONAL FEE | RATE | ADDITIONAL FEE          |  |
| Total                | 4                                | 20                                 |                  | 25           |                | 50   |                         |  |
| Each dependent claim |                                  | 3                                  |                  | 100          |                | 200  |                         |  |
| TOTAL ADDITIONAL FEE |                                  |                                    |                  |              |                |      |                         |  |

| INDEMENT             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRE-SELECT EXTRA | SMALL ENTITY |                | OR   | OTHER THAN SMALL ENTITY |  |
|----------------------|----------------------------------|------------------------------------|------------------|--------------|----------------|------|-------------------------|--|
|                      |                                  |                                    |                  | RATE         | ADDITIONAL FEE | RATE | ADDITIONAL FEE          |  |
| Total                |                                  |                                    |                  |              |                |      |                         |  |
| Each dependent claim |                                  |                                    |                  |              |                |      |                         |  |
| TOTAL ADDITIONAL FEE |                                  |                                    |                  |              |                |      |                         |  |

| INDEMENT             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRE-SELECT EXTRA | SMALL ENTITY |                | OR   | OTHER THAN SMALL ENTITY |  |
|----------------------|----------------------------------|------------------------------------|------------------|--------------|----------------|------|-------------------------|--|
|                      |                                  |                                    |                  | RATE         | ADDITIONAL FEE | RATE | ADDITIONAL FEE          |  |
| Total                |                                  |                                    |                  |              |                |      |                         |  |
| Each dependent claim |                                  |                                    |                  |              |                |      |                         |  |
| TOTAL ADDITIONAL FEE |                                  |                                    |                  |              |                |      |                         |  |

Best Available Copy

4-11-05  
Shawn